

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Carl A. Wescott		COURT CASE NUMBER 22-cv-04288-VC
DEFENDANT Robert N. Weaver		TYPE OF PROCESS comp, summons, order
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN David M. Zeff	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 650 Chapman Drive, Corte Madera, CA 94925	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Carl A. Wescott 8210 E. Via de la Escuela Scottsdale, AZ 85258		Number of process to be served with this Form 285 <b>3</b> Number of parties to be served in this case <b>2</b> Check for service on U.S.A.
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):		

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-4261	DATE 12/20/2022
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>4</u>	District of Origin No. <u>1</u>	District to Serve No. <u>1</u>	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date <u>12/22/22</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

REMARKS

**FILED**  
**DEC 23 2022**

CLERK, U.S. DISTRICT COURT  
NORTH DISTRICT OF CALIFORNIA

*ACKNOWLEDGMENTS*



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United States Marshals Service


**PROCESS RECEIPT AND RETURN**

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <b>Carl A. Wescott</b>	COURT CASE NUMBER <b>22-cv-04288-VC</b>
DEFENDANT <b>Robert N. Weaver</b>	TYPE OF PROCESS <b>comp, summons, order</b>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Frederick C. Fiechter</b>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>96 Avenue del Norte, San Anselmo, CA 94960</b>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <b>Carl A. Wescott</b> <b>8210 E. Via de la Escuela</b> <b>Scottsdale, AZ 85258</b>	
Number of process to be served with this Form 285 <b>3</b> Number of parties to be served in this case <b>2</b> Check for service on U.S.A. <input type="checkbox"/>	
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Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>415-522-4261</b>	DATE <b>12/20/2022</b>
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>4</b>	District of Origin No. <b>11</b>	District to Serve No. <b>11</b>	Signature of Authorized USMS Deputy or Clerk 	Date <b>12/21/22</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy
Address (complete only different than shown above)			

Costs shown on attached USMS Cost Sheet >>

REMARKS